

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | UT       | 62007  | 10/20/99 |
| O.I.P.E. CLASSIFIER |          | 21     | 10/26/99 |
| FORMALITY REVIEW    | 0255     | 45085- | 11 3 99  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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